

DEC 29 2004

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<b>TO:</b>	<b>FROM:</b>
MAIL STOP AF	Kenneth F. Smolik
<b>COMPANY:</b>	<b>DATE:</b>
USPTO	December 29, 2004
<b>FAX NO.:</b>	<b>TOTAL NO. OF PAGES: (including cover sheet)</b>
(703) 872-9306	11
<b>YOUR REFERENCE NO.:</b>	<b>OUR REFERENCE (C/M) NO.:</b>
09/868,669	005222.00173

**RE:** In re: Appln. Benoit Patrick Bertrand  
Appln. No. 09/868,669  
Filed: September 26, 2001  
For: A Goal Based System Utilizing A Spreadsheet And Table Based Architecture

**OFFICIAL FAX**

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<b>NAME:</b>	<b>PHONE:</b>
Jasmin Santoyo	312-463-5560

**COMMENTS:**

Amendment and Request for Continued Examination

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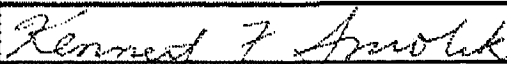
PTO/SB/21 (09-04)

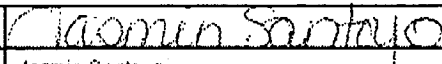
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/868,669
	Filing Date	September 26, 2004
	First Named Inventor	Benoit Patrick Bertrand
	Art Unit	2121
	Examiner Name	Bell, Melvin
Total Number of Pages in This Submission	Attorney Docket Number	005222.00173

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet Request for Continued Examination
Remarks: <span style="float: right;">A duplicate of the fee sheet is enclosed.</span>  The Commissioner is authorized to debit or credit any overpayment or deficiency from our Deposit Account No. 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Kenneth F. Smolik		
Date	December 29, 2004	Reg. No.	44,344

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Signature			
Typed or printed name	Jasmin Santoyo	Date	12/29/04

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<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/868,669
		Filing Date	09/28/2001
		First Named Inventor	Benoit Patrick Bertrand
		Examiner Name	Bell, Melvin
		Art Unit	2121
TOTAL AMOUNT OF PAYMENT (\$)			

## METHOD OF PAYMENT (check all that apply)

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Under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 30 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
-20 or HP=	x	=
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
-3 or HP=	x	=
HP = highest number of independent claims paid for, if greater than 3.		

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination

790

## SUBMITTED BY

Signature	<i>Kenneth F. Smolik</i>	Registration No. (Attorney/Agent)	44,344	Telephone	312.463.5000
Name (Print/Type)	Kenneth F. Smolik	Date	12/29/2004		

This collection of information is required by 37 CFR 1.136. This information is required to obtain or retain a benefit by the public which is to be paid by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL for FY 2005</b>		Application Number	09/868,669
		Filing Date	09/26/2001
		First Named Inventor	Benoit Patrick Bertrand
		Examiner Name	Bell, Moltin
		Art Unit	2121
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	005222.00173
<b>TOTAL AMOUNT OF PAYMENT (\$)</b>			

**METHOD OF PAYMENT (check all that apply)**

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 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments.  
 Under 37 CFR 1.16 and 1.17

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
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<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ -20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ - 3 or HP= _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

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**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination

**Fees Paid (\$)**

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**SUBMITTED BY**

Signature	<i>Kenneth F. Smolik</i>	Registration No. (Attorney/Agent)	44,344	Telephone	312.463.5000
Name (Print/Type)	Kenneth F. Smolik	Date	12/29/2004		

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
(Attorney Docket No. 05222.00173)

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et al. )  
)  
Application No. 09/868,669 ) Examiner: Bell, Meltin  
)  
Filed: September 26, 2001 ) Group Art Unit: 2121  
)  
For: A Goal Based System Utilizing a )  
Spreadsheet and Table Based )  
Architecture )

**AMENDMENT**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the final Office Action dated September 30, 2004, please enter the following response. The Examiner set a three-month period for response, thus making this Amendment due on or before **December 30, 2004**. The Commissioner is authorized to charge any required fees to Deposit Account No. 19-0733.

The Amendment section begins on page 2 and the Remarks section begins on page 4.

Please amend the application as follows.

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